

REGISTRATION FORM

803/

Please type or print

SWAT '98
6th Scandinavian Workshop
of Algorithm Theory

Stockholm, Sweden
July 8-10, 1998

Family name: _____
 First name: _____ Mr Ms Dr Professor
 University / Institution / Affiliation: _____
 Department: _____
 Mailing address: _____
 _____ Country: _____
 Telephone: _____ Fax: _____
(country code - area code - number) (country code - area code - number)
 E-mail: _____

ADVANCE REGISTRATION

	Price/person in SEK paid before / after June 1	Total SEK	(Code)
<i>Conference fee excl. V.A.T.</i> <small>(see programme)</small>	Participant	2,000 / 2,400	_____ (001/002)
	¹⁾ Student	1,400 / 1,800	_____ (005/006)
<i>Conference fee incl. V.A.T.</i> <small>(see programme)</small>	Participant	2,500 / 3,000	_____ (011/012)
	¹⁾ Student	1,750 / 2,250	_____ (015/016)
<i>Social programme</i>	Sightseeing tour, July 7	195	_____ (700)
<i>Hotel deposit</i> Per room	Park, Brunnen	1,100	_____
	Arcadia	600	_____
Total SEK		_____	=====

Any VAT increment will be specified in the confirmation letter. SCB's VAT reg. No. is SE556127722801.
¹⁾ Students should supply proof of their status.

Special requests (e.g. dietary requirements) _____ (500)

ACCOMMODATION

	Hotels	Single room	Double room	
<i>Arrival:</i> _____/_____/_____	Park	<input type="checkbox"/> 1,090	<input type="checkbox"/> 1,090	Rates are in SEK and valid per room and night, inclusive of breakfast, service and a V.A.T. increment of 12%
<i>Departure:</i> _____/_____/_____	Brunnen	<input type="checkbox"/> 695	<input type="checkbox"/> 895	
	Arcadia	<input type="checkbox"/> 510	<input type="checkbox"/> 610	

Sharing double room with: _____

PAYMENT

Payment should be made in SEK, payable to Stockholm Convention Bureau.
 Please indicate "SWAT '98" and your name on all money transfers.

Banker's Draft (Personal or Company cheques cannot be accepted)
 Bank Account, S-E-Banken, Stockholm No. 5267-10 066 16, SWIFT-address ESSESESS
 Postal Giro 65 37 38-5 Bankgiro 644-8773
 Eurocard/Mastercard Diners Club American Express Visa

Charge my card No.: _____
 valid through: _____ Total SEK: _____
 Date _____ Signature _____

Return this form to: Stockholm Convention Bureau, "SWAT '98", P O Box 6911, SE-102 39 Stockholm, Sweden (Fax+46 8 34 84 41)